

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Gause, Harold L				Name of Joint Debtor (Spouse) (Last, First, Middle): Gause, Martina L			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9852				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 2832			
Street Address of Debtor (No. & Street, City, State & Zip Code): 18639 Golfview Dr Hazel Crest, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 18639 Golfview Dr Hazel Crest, IL			
ZIPCODE 60429-2405				ZIPCODE 60429-2405			
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business: Cook			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE	
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Gause, Harold L & Gause, Martina L	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Troy L Gleason Signature of Attorney for Debtor(s) 9/19/08 Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition
(This page must be completed and filed in every case)

Name of Debtor(s):
Gause, Harold L & Gause, Martina L

Signatures

<div>Signature(s) of Debtor(s) (Individual/Joint)</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <div>X /s/ Harold L Gause Signature of Debtor Harold L Gause</div> <div>X /s/ Martina L Gause Signature of Joint Debtor Martina L Gause</div> <div>Telephone Number (If not represented by attorney)</div> <div>September 19, 2008 Date</div>	<div>Signature of a Foreign Representative</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)</p> <div><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</div> <div><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</div> <div>X Signature of Foreign Representative</div> <div>Printed Name of Foreign Representative</div> <div>Date</div>
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<div>Signature of Attorney*</div> <div>X /s/ Troy L Gleason Signature of Attorney for Debtor(s)</div> <div>Troy L Gleason 6276510 Printed Name of Attorney for Debtor(s)</div> <div>Gleason & Gleason Firm Name</div> <div>77 W Washington, Ste 1218 Address</div> <div>Chicago, IL 60602</div> <div>(312) 578-9530 Telephone Number</div> <div>September 19, 2008 Date</div> <div>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</div>	<div>Signature of Non-Attorney Petition Preparer</div> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <div>Printed Name and title, if any, of Bankruptcy Petition Preparer</div> <div>Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</div> <div>Address</div>
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<div>Signature of Debtor (Corporation/Partnership)</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <div>X Signature of Authorized Individual</div> <div>Printed Name of Authorized Individual</div> <div>Title of Authorized Individual</div> <div>Date</div>	<div>X Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</div> <div>Date</div> <div>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</div> <div>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</div>
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IN RE:

Case No. _____

Gause, Harold L

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Harold L Gause

Date: September 19, 2008

IN RE:

Case No. _____

Gause, Martina L

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Martina L Gause

Date: September 19, 2008

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Gause, Harold L & Gause, Martina L

Printed Name(s) of Debtor(s)

X /s/ Harold L Gause

Signature of Debtor

9/19/2008

Date

Case No. (if known) _____

X /s/ Martina L Gause

Signature of Joint Debtor (if any)

9/19/2008

Date

IN RE:

Case No. _____

Gause, Harold L & Gause, Martina L

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 310,000.00		
B - Personal Property	Yes	3	\$ 104,721.53		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 337,473.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		\$ 37,535.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 5,224.36
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 5,222.00
TOTAL		20	\$ 414,721.53	\$ 375,008.00	

Document Page 9 of 63
United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Gause, Harold L & Gause, Martina LChapter **7**

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 5,224.36
Average Expenses (from Schedule J, Line 18)	\$ 5,222.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 6,995.69

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 26,988.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 37,535.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 64,523.00

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Rental Ohio St, Gary IN		J	40,000.00	40,000.00
Rental 308 McKinley Gary IN		J	40,000.00	48,321.00
Rental 4201 10th Ave, Gary IN		J	50,000.00	51,211.00
Residence at: 18639 Golfview Dr Hazel Crest, IL 60429-2405		J	180,000.00	161,780.00
TOTAL			310,000.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking	J	10.00
		Checking	J	20.00
		Savings	J	400.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	J	1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing		250.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401K	H	80,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		10 shares of Walgreen's Stock	J	334.50
		3 shares of Cisco	J	65.58
		5 shares of GE	J	136.45
		How many shares of McDonald's do you have?	J	0.00

IN RE Gause, Harold L & Gause, Martina L

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.		Back rent owed to debtor	J	1,400.00
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1996 Lexus ES300	J	1,900.00
		2003 Cadillac DeVille	J	5,420.00
		2005 Infinity FX 35	J	13,285.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				104,721.53

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
 (Check one box)

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE A - REAL PROPERTY</u>			
Residence at: 18639 Golfview Dr Hazel Crest, IL 60429-2405	735 ILCS 5 §12-901	30,000.00	180,000.00
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Checking	735 ILCS 5 §12-1001(b)	10.00	10.00
Checking	735 ILCS 5 §12-1001(b)	20.00	20.00
Savings	735 ILCS 5 §12-1001(b)	400.00	400.00
Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	1,500.00	1,500.00
401K	735 ILCS 5 §12-1006(a)	80,000.00	80,000.00
10 shares of Walgreen's Stock	735 ILCS 5 §12-1001(b)	334.50	334.50
3 shares of Cisco	735 ILCS 5 §12-1001(b)	65.58	65.58
5 shares of GE	735 ILCS 5 §12-1001(b)	136.45	136.45
Back rent owed to debtor	735 ILCS 5 §12-1001(b)	1,400.00	1,400.00
1996 Lexus ES300	735 ILCS 5 §12-1001(c)	1,900.00	1,900.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 5738033 Carmax Auto Finance PO Box 15678 Wilmington, DE 19850-5678	H	Installment account opened 5/07				10,379.00	4,959.00
		VALUE \$ 5,420.00					
ACCOUNT NO. 19209527 Chase Manhattan Mortga 3415 Vision Dr Columbus, OH 43219-6009	H	Mortgage account opened 6/04				48,321.00	8,321.00
		VALUE \$ 40,000.00					
ACCOUNT NO. Countrywide Home Loans Attn Bankruptcy Dept PO Box 5170 Sv-314b Simi Valley, CA 93062-5170	J	Mortgage				40,000.00	
		VALUE \$ 40,000.00					
ACCOUNT NO. 17577925 Hfc - Usa 961 Weigel Ave Elmhurst, IL 60126-1058	J	Mortgage account opened 8/07				161,780.00	
		VALUE \$ 180,000.00					
Subtotal (Total of this page)						\$ 260,480.00	\$ 13,280.00
Total (Use only on last page)						\$	\$

1

continuation sheets attached

1 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Gause, Harold L & Gause, Martina L

Case No. _____

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 50006100046334 Hsbc / Aib 6602 Convoy Ct San Diego, CA 92111-1009	W	Installment account opened 9/07 VALUE \$ 13,285.00				25,782.00	12,497.00
ACCOUNT NO. 19209527 Real Time Resolutions 1750 Regal Row Ste 120 Dallas, TX 75235-2287	J	Collections VALUE \$ 40,000.00				0.00	
ACCOUNT NO. 1560666518071 Washington Mutual Fa 7255 Baymeadows Way Jacksonville, FL 32256-6851	H	Mortgage account opened 12/04 VALUE \$ 50,000.00				51,211.00	1,211.00
ACCOUNT NO. 		 VALUE \$					
ACCOUNT NO. 		 VALUE \$					
ACCOUNT NO. 		 VALUE \$					
Subtotal (Total of this page)						\$ 76,993.00	\$ 13,708.00
Total (Use only on last page)						\$ 337,473.00	\$ 26,988.00

Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims(Report also on
Summary of
Schedules.)(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 10 Nipsco 150	H					401.00
ACCOUNT NO. Trust Rec Sv 541 Otis Bowen Dr Munster, IN 46321-4158		Assignee or other notification for: 10 Nipsco 150				
ACCOUNT NO. A.f.s. Assignee Of Washington	W	Open account opened 12/06				2,646.00
ACCOUNT NO. Arrow Financial Servic 5996 W Touhy Ave Niles, IL 60714-4610		Assignee or other notification for: A.f.s. Assignee Of Washington				

<div> <div>6 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> </div>						\$ 3,047.00
<div> <div>(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</div> <div>Total</div> </div>						\$

IN RE Gause, Harold L & Gause, Martina L

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Assoc. St. James Radiologists	W	Open account opened 11/06				175.00
ACCOUNT NO. Creditors Collection B 755 Almar Pkwy Bourbonnais, IL 60914-2392		Assignee or other notification for: Assoc. St. James Radiologists				
ACCOUNT NO. 41171516548781 Beneficial/hfc 961 Weigel Ave Elmhurst, IL 60126-1058	J	Revolving account opened 9/07				17,595.00
ACCOUNT NO. Black Expressions Book Club	W	Open account opened 2/08				208.00
ACCOUNT NO. Rjm Acq Llc 575 Underhill Blvd Ste 224 Syosset, NY 11791-3416		Assignee or other notification for: Black Expressions Book Club				
ACCOUNT NO. 438864205895 Cap One PO Box 5155 Norcross, GA 30091-5155	H	Revolving account opened 10/01				549.00
ACCOUNT NO. 486236255754 Cap One PO Box 5155 Norcross, GA 30091-5155	H	Revolving account opened 5/05				444.00

Sheet no. 1 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **18,971.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Gause, Harold L & Gause, Martina L

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 486236247945 Cap One PO Box 5155 Norcross, GA 30091-5155	H	Revolving account opened 9/04				102.00
ACCOUNT NO. 521150122177 Chase PO Box 100018 Kennesaw, GA 30156-9204	H	Revolving account opened 1/86				8,772.00
ACCOUNT NO. City Of Blue Island	H	Open account opened 7/03				250.00
ACCOUNT NO. Dependon Collection Se PO Box 4833 Oak Brook, IL 60522-4833		Assignee or other notification for: City Of Blue Island				
ACCOUNT NO. 5440455012606664 Hsbc Bank PO Box 5253 Carol Stream, IL 60197-5253	H	Revolving account opened 2/04				504.00
ACCOUNT NO. 5407915027099677 Hsbc Bank PO Box 5253 Carol Stream, IL 60197-5253	W	Revolving account opened 8/07				404.00
ACCOUNT NO. 601138101404 Hsbc Bank PO Box 5246 Carol Stream, IL 60197-5246	J	Revolving account opened 2/08				154.00

Sheet no. 2 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **10,186.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Gause, Harold L & Gause, Martina L

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Medical	H	Open account opened 12/06				764.00
ACCOUNT NO. Assetcare, Inc. 5100 Peachtree Industrial Blvd Norcross, GA 30071		Assignee or other notification for: Medical				
ACCOUNT NO. Nco- Medclr 1804 Washington Blvd Ste 450 Baltimore, MD 21230-1700		Assignee or other notification for: Medical				
ACCOUNT NO. Medical	H					229.00
ACCOUNT NO. Cb Accts Inc 1101 Main St Peoria, IL 61606-1928		Assignee or other notification for: Medical				
ACCOUNT NO. Medical	W					55.00
ACCOUNT NO. Cb Accts Inc 1101 Main St Peoria, IL 61606-1928		Assignee or other notification for: Medical				

Sheet no. **3** of **6** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,048.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Gause, Harold L & Gause, Martina L

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Midwest Physician Group Ltd.	W	Open account opened 6/04				180.00
ACCOUNT NO. Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220		Assignee or other notification for: Midwest Physician Group Ltd.				
ACCOUNT NO. 5433-6287-3503-8725 Premier Bank PO Box 2208 Vacaville, CA 95696-8208	J	Collections				546.00
ACCOUNT NO. Arrow Financial Services 5996 W Touhy Ave Niles, IL 60714-4610		Assignee or other notification for: Premier Bank				
ACCOUNT NO. 4146830000461696 Salute/utb PO Box 105555 Atlanta, GA 30348-5555	W	Revolving account opened 3/07				547.00
ACCOUNT NO. 8548168 Sprint Nextel 2001 Edmund Halley Dr Reston, VA 20191-3436	J	Collections				535.00
ACCOUNT NO. Receivables Performance Management 1930 220th St SE Ste 101 Bothell, WA 98021-8410		Assignee or other notification for: Sprint Nextel				

Sheet no. **4** of **6** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,808.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Gause, Harold L & Gause, Martina L

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4036240000181760 Sst/columbus Bank And Trus PO Box 84024 Columbus, GA 31908-4024	H	Revolving account opened 8/01				219.00
ACCOUNT NO. St James Hosp	W	Open account opened 11/03				200.00
ACCOUNT NO. Mutual Hsp Srvc In 2525 N Shadeland Ave Indianapolis, IN 46219-1787		Assignee or other notification for: St James Hosp				
ACCOUNT NO. St James Hosp	W	Open account opened 6/06				50.00
ACCOUNT NO. Mutual Hsp Srvc In 2525 N Shadeland Ave Indianapolis, IN 46219-1787		Assignee or other notification for: St James Hosp				
ACCOUNT NO. St James Hosp	W	Open account opened 1/07				50.00
ACCOUNT NO. Mutual Hsp Srvc In 2525 N Shadeland Ave Indianapolis, IN 46219-1787		Assignee or other notification for: St James Hosp				

Sheet no. 5 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **519.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Gause, Harold L & Gause, Martina L

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Tcf National Bank II	W	Open account opened 1/04				681.00
ACCOUNT NO. American Collections 919 Estes Ct Schaumburg, IL 60193-4427		Assignee or other notification for: Tcf National Bank II				
ACCOUNT NO. 5259830015513028 Tribute/fbofd 6 Concourse Pkwy NE Fl 2 Atlanta, GA 30328-6117	W	Revolving account opened 2/07				875.00
ACCOUNT NO. Village Of Homewood	W					150.00
ACCOUNT NO. Rmi/mcsi 3348 Ridge Rd Lansing, IL 60438-3112		Assignee or other notification for: Village Of Homewood				
ACCOUNT NO. Village Of Matteson	W					250.00
ACCOUNT NO. Rmi/mcsi 3348 Ridge Rd Lansing, IL 60438-3112		Assignee or other notification for: Village Of Matteson				

Sheet no. 6 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,956.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$ **37,535.00**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S): 10
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer How long employed Address of Employer	Lab Tech Mullins Food Products 26 years 2200 S 25th Ave Broadview, IL 60155-3825	Data Analyst L-3 1 months

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ 5,850.00	\$ 2,244.73
2. Estimated monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ 5,850.00	\$ 2,244.73
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ 1,622.70	\$ 328.53
b. Insurance	\$ 273.69	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) 401K	\$ 108.33	\$ _____
401K Loan	\$ 537.12	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 2,541.84	\$ 328.53
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 3,308.16	\$ 1,916.20
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance		
(Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income		
(Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 3,308.16	\$ 1,916.20
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 5,224.36	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,416.00
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 300.00
b. Water and sewer	\$ 30.00
c. Telephone	\$ 100.00
d. Other	\$
3. Home maintenance (repairs and upkeep)	\$ 40.00
4. Food	\$ 550.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 50.00
7. Medical and dental expenses	\$ 20.00
8. Transportation (not including car payments)	\$ 400.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 294.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 526.00
b. Other See Schedule Attached	\$ 1,396.00
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 5,222.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 5,224.36
b. Average monthly expenses from Line 18 above	\$ 5,222.00
c. Monthly net income (a. minus b.)	\$ 2.36

IN RE Gause, Harold L & Gause, Martina L

Case No. _____

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**Continuation Sheet - Page 1 of 1**

Other Installment Payments (DEBTOR)

2nd Auto**380.00****Mortgage On 10th Ave****550.00****Mortgage On McKinley****466.00****Mortgage On Ohio St**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 22 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: September 19, 2008 Signature: /s/ Harold L Gause
Harold L Gause Debtor
Date: September 19, 2008 Signature: /s/ Martina L Gause
Martina L Gause (Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security No. (Required by 11 U.S.C. § 110.) _____
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address _____

Signature of Bankruptcy Petition Preparer _____ Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Case No. _____

Gause, Harold L & Gause, Martina L

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
8,094.00	2008 income from employment (monthly) (wife's income just last month)
66,765.00	2007 income from employment
62,000.00	2006 income from employment
8,400.00	2006-2008 Rental income

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☐ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
HFC - Beneficial Mortgage	Last 3 months	4,248.00	161,000.00
CarMax	Last 3 months	1,140.00	10,376.00
HSBC	Last 3 months	1,578.00	25,782.00
PO Box 5213			
Carol Stream, IL 60197-5213			

None ☒ *b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ *c. All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason		676.00
77 W Washington, Ste 1218		

Chicago, IL 60602

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: September 19, 2008 Signature /s/ Harold L Gause
of Debtor **Harold L Gause**

Date: September 19, 2008 Signature /s/ Martina L Gause
of Joint Debtor **Martina L Gause**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Gause, Harold L & Gause, Martina L

Case No. _____

Chapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
2003 Cadillac DeVille	Carmax Auto Finance				✓
Rental 308 McKinley Gary IN	Chase Manhattan Mortga	✓			
Rental Ohio St, Gary IN	Countrywide Home Loans	✓			
Residence at:	Hfc - Usa				✓
2005 Infinity FX 35	Hsbc / Aib				✓
Rental 308 McKinley Gary IN	Real Time Resolutions	✓			
Rental 4201 10th Ave, Gary IN	Washington Mutual Fa	✓			

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

09/19/2008

Date

/s/ Harold L Gause

Harold L Gause

Debtor

/s/ Martina L Gause

Martina L Gause

Joint Debtor (if applicable)

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE:

Case No. _____

Gause, Harold L & Gause, Martina L

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 31

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 19, 2008

/s/ Harold L Gause

Debtor

/s/ Martina L Gause

Joint Debtor

Gause, Harold L
18639 Golfview Dr
Hazel Crest, IL 60429-2405

Cb Accts Inc
1101 Main St
Peoria, IL 61606-1928

Illinois Collection Se
8231 185th St Ste 100
Tinley Park, IL 60477-9220

Gause, Martina L
18639 Golfview Dr
Hazel Crest, IL 60429-2405

Chase
PO Box 100018
Kennesaw, GA 30156-9204

Mutual Hsp Srvcs In
2525 N Shadeland Ave
Indianapolis, IN 46219-1787

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Chase Manhattan Mortga
3415 Vision Dr
Columbus, OH 43219-6009

Nco- Medclr
1804 Washington Blvd Ste 450
Baltimore, MD 21230-1700

American Collections
919 Estes Ct
Schaumburg, IL 60193-4427

Countrywide Home Loans
Attn Bankruptcy Dept
PO Box 5170 Sv-314b
Simi Valley, CA 93062-5170

Premier Bank
PO Box 2208
Vacaville, CA 95696-8208

Arrow Financial Servic
5996 W Touhy Ave
Niles, IL 60714-4610

Creditors Collection B
755 Almar Pkwy
Bourbonnais, IL 60914-2392

Real Time Resolutions
1750 Regal Row Ste 120
Dallas, TX 75235-2287

Arrow Financial Services
5996 W Touhy Ave
Niles, IL 60714-4610

Dependon Collection Se
PO Box 4833
Oak Brook, IL 60522-4833

Receivables Performance Management
1930 220th St SE Ste 101
Bothell, WA 98021-8410

Assetcare, Inc.
5100 Peachtree Industrial Blvd
Norcross, GA 30071

Hfc - Usa
961 Weigel Ave
Elmhurst, IL 60126-1058

Rjm Acq Llc
575 Underhill Blvd Ste 224
Syosset, NY 11791-3416

Beneficial/hfc
961 Weigel Ave
Elmhurst, IL 60126-1058

Hsbc / Aib
6602 Convoy Ct
San Diego, CA 92111-1009

Rmi/mcsi
3348 Ridge Rd
Lansing, IL 60438-3112

Cap One
PO Box 5155
Norcross, GA 30091-5155

Hsbc Bank
PO Box 5253
Carol Stream, IL 60197-5253

Salute/utb
PO Box 105555
Atlanta, GA 30348-5555

Carmax Auto Finance
PO Box 15678
Wilmington, DE 19850-5678

Hsbc Bank
PO Box 5246
Carol Stream, IL 60197-5246

Sprint Nextel
2001 Edmund Halley Dr
Reston, VA 20191-3436

Sst/columbus Bank And Trus
PO Box 84024
Columbus, GA 31908-4024

Tribute/fbofd
6 Concourse Pkwy NE Fl 2
Atlanta, GA 30328-6117

Trust Rec Sv
541 Otis Bowen Dr
Munster, IN 46321-4158

Washington Mutual Fa
7255 Baymeadows Way
Jacksonville, FL 32256-6851

IN RE:

Case No. _____

Gause, Harold L & Gause, Martina L

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **676.00**

Prior to the filing of this statement I have received \$ **676.00**

Balance Due \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 19, 2008

Date

/s/ Troy L Gleason

Signature of Attorney

Gleason & Gleason

Name of Law Firm

2007 Individual Income Tax Return
prepared for:

Harold L. Gause
18639 Golfview Dr
Hazel Crest, IL 60429

SURE FOUNDATION SERVICES
PO BOX 2201
CALUMET CITY, IL 60409-8201

Form **1040**

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2007

IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)Use the
IRS label.
Otherwise,
please print
or type.Presidential
Election
Campaign

For the year Jan 1 - Dec 31, 2007, or other tax year beginning , 2007, ending , 20		OMB No. 1545-0074
Your first name Harold	MI Last name L Gause	Your social security number 358-58-9852
If a joint return, spouse's first name L Gause	MI Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 18639 Golfview Dr		You must enter your social security number(s) above. ▲
Apartment no.		
City, town or post office. If you have a foreign address, see instructions. Hazel Crest		Checking a box below will not change your tax or refund.
State ZIP code IL 60429		
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) <input type="checkbox"/> You <input type="checkbox"/> Spouse		

Filing Status

Check only one box.

1 <input type="checkbox"/> Single	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here .	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than four dependents, see instructions.

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b 1
b <input type="checkbox"/> Spouse	No. of children on 6c who:
c Dependents:	• lived with you 1
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	• did not live with you due to divorce or separation (see instrs)
Kaylin Gause 330-94-7493 Daughter	Dependents on 6c not entered above
d Total number of exemptions claimed	Add numbers on lines above 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	66,765.
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	636.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income .	22	67,401.
23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	67,401.

Adjusted Gross Income

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 12/06/07

Form 1040 (2007)

Form 1040 (2007)

Harold L Gause

Document

Page 42 of 63

358-9852

Page 2

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	67,401.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked 39a	39a	
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here 39b	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	60,931.
41	Subtract line 40 from line 38	41	6,470.
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the instructions	42	6,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Add lines 44 and 45	46	0.
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see instructions). Attach Form 8901 if required	52	0.
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	0.
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0.
58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57-62. This is your total tax	63	0.
64	Federal income tax withheld from Forms W-2 and 1099	64	12,115.
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC) No 66a	66a	
b	Nontaxable combat pay election 66b	66b	
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68	Additional child tax credit. Attach Form 8812	68	1,000.
69	Amount paid with request for extension to file (see instructions)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	13,115.
73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	13,115.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a	74a	13,115.
b	Routing number 071025661	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 2233444019		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

Amount You Owe**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
Firm's name (or yours if self-employed)			
Address, and ZIP code		EIN	Phone no.

SCHEDULE A
(Form 1040)

Itemized Deductions

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.
▶ See instructions for Schedule A (Form 1040).

2007

Attachment Sequence No. 07

Name(s) shown on Form 1040

Your social security number

Harold L Gause

358-58-9852

		358-58-9852		
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see instructions)	1		
	2 Enter amount from Form 1040, line 38	2		
	3 Multiply line 2 by 7.5% (.075)	3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid (See instructions.)	5 State and local (check only one box):			
	a <input checked="" type="checkbox"/> Income taxes, or	5	1,953.	
	b <input type="checkbox"/> General sales taxes.			
	6 Real estate taxes (see instructions)	6	4,134.	
	7 Personal property taxes	7	3,891.	
	8 Other taxes. List type and amount ▶	8		
	9 Add lines 5 through 8		9	
			9,978.	
Interest You Paid	10 Home mtg interest and points reported to you on Form 1098	10	22,246.	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶			
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098. See instrs for spcl rules	12		
	13 Qualified mortgage insurance premiums (see instructions)	13	744.	
	14 Investment interest. Attach Form 4952 if required. (See instrs.)	14		
	15 Add lines 10 through 14		15	
			22,990.	
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	3,862.	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	5,300.	
	18 Carryover from prior year	18		
	19 Add lines 16 through 18		19	
			9,162.	
Casualty and Theft Losses (See instructions.)	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
	See Statement	17,789.	21	17,789.
	22 Tax preparation fees	22		
	23 Other expenses — investment, safe deposit box, etc. List type and amount ▶	23		
	24 Add lines 21 through 23	24	17,789.	
	25 Enter amount from Form 1040, line 38	25	67,401.	
	26 Multiply line 25 by 2% (.02)	26	1,348.	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
				16,441.
Other Miscellaneous Deductions	28 Other — from list in the instructions. List type and amount ▶			
	Hobby: Golf		2,360.	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?		29	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			60,931.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶			

Form **8812****Additional Child Tax Credit**

Page 44 of 63

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

2007Attachment
Sequence No. **47**

Name(s) shown on return

Harold L Gause

Your social security number

358-58-9852

Part I All Filers

1	Enter the amount from line 1 of your Child Tax Credit Worksheet in the Form 1040, Form 1040A or Form 1040NR instructions. If you used Publication 972, enter the amount from line 8 of the worksheet on page 4 of the publication	1	1,000.
2	Enter the amount from Form 1040, line 52, Form 1040A, line 32, or Form 1040NR, line 47	2	0.
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3	1,000.
4a	Enter your total earned income (see instructions)	4a	66,765.
b	Nontaxable combat pay (see instructions)	4b	
5	Is the amount on line 4a more than \$11,750? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$11,750 from the amount on line 4a. Enter the result	5	55,015.
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop ; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	8,252.

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 59, plus any taxes that you identified using code 'UT' and entered on the dotted line next to line 63. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, line 54, plus any taxes that you identified using code 'UT' and entered on the dotted line next to line 58.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 67. 1040A filers: Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 42 (see instructions). 1040NR filers: Enter the amount from Form 1040NR, line 61.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12	

Additional Child Tax Credit

13	This is your additional child tax credit	13	1,000.
----	--	----	--------

Enter this amount on
Form 1040, line 68, or
Form 1040A, line 41, or
Form 1040NR, line 62.

Form **2106-EZ****Unreimbursed Employee Business Expenses**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service▶ **Attach to Form 1040 or Form 1040NR.****2007**Attachment
Sequence No. **54A**

Your name

Harold L Gause

Occupation in which you incurred expenses

Lab Manager

Social security number

358-58-9852**You May Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2007.

Caution: You can use the standard mileage rate for 2007 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 48.5¢ (.485)	1	8,297.
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	3,046.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	1,452.
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	462.
5 Meals and entertainment expenses: \$ <u>1,872.</u> × 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.)	5	936.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR, line 9)). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	14,193.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ **08/01/1997**
- 8 Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:
- a Business 17,108 b Commuting (see instr) c Other 0
- 9 Do you (or your spouse) have another vehicle available for personal use? ☒ **Yes** ☐ **No**
- 10 Was your vehicle available for personal use during off-duty hours? ☒ **Yes** ☐ **No**
- 11 a Do you have evidence to support your deduction? ☒ **Yes** ☐ **No**
- b If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **2106-EZ** (2007)

Form **8283**
(Rev. December 2006)**Noncash Charitable Contributions** Document Page 46 of 63Department of the Treasury
Internal Revenue Service

► **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**
► **See separate instructions.**

OMB No. 1545-0008

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

Harold L Gause

Identifying number

358-58-9852

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities — List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property — If you need more space, attach a statement.

1		(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
A	Midlothian IL	Vietnam Veterans of America	household, furniture, clothes, toys, electronics
		Goodwill	
B	Maple Shade NJ		Nissan Maxima
C			
D			
E			

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A various	various	Purchase	2,200.	1,600.	Thrift shop value
B 09/07/2007	09/1992	Purchase	18,500.	3,700.	Present value
C					
D					
E					

Part II Partial Interests and Restricted Use Property — Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest. If Part II applies to more than one property, attach a separate statement. _____

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year _____
(2) For any prior tax years _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town

State ZIP code

d For tangible property, enter the place where the property is located or kept: _____

e Name of any person, other than donee organization, having actual possession of the property: _____

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? _____

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? _____

c Is there a restriction limiting the donated property for a particular use? _____

Yes	No

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD/Z1812 01/05/07

Form **8283** (Rev 12-2006+)

Tax History Report

Page 47 of 63

2007

Name(s) Shown on Return

► Keep for your records

Harold L Gause

	Five Year Tax History:				
	2003	2004	2005	2006	2007
Filing status				HH	HH
Total income				65,344.	67,401.
Adjustments to income					
Adjusted gross income				65,344.	67,401.
Tax expense				7,374.	9,978.
Interest expense				16,210.	22,990.
Contributions				4,148.	9,162.
Miscellaneous deductions				15,758.	18,801.
Other itemized deductions					
Total itemized/standard deduction				43,490.	60,931.
Exemption amount				6,600.	6,800.
Taxable income				15,254.	0.
Tax				1,754.	
Alternative minimum tax					
Total credits				1,500.	0.
Other taxes					
Payments				12,093.	13,115.
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund				11,839.	13,115.
Effective tax rate %				0.39	-1.48
**Tax bracket %				15	

**Tax bracket % is based on Taxable Income.



Illinois Department of Revenue

2007 Form IL-1040

Individual Income Tax Return or for fiscal year ending

Document Page 48 of 63

/08

Step 1: Personal Information

Do not write above this line.



358-58-9852

Harold

L Gause

18639 Golfview Dr

Hazel Crest

IL 60429

C Filing status (see instructions)

☒ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 1 67,401.

2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ 2

3 Other additions to your income. **Attach** Schedule M 3

4 Add Lines 1 through 3. This is your total income 4 67,401.

Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. **Attach** federal page 1 5

6 Military pay earned if included in Step 2, Line 1. **Attach** military W-2 6

7 Illinois Income Tax overpayment included in U.S. 1040, Line 10 7 636.

8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 8

9 Other subtractions to your income. **Attach** Schedule M 9 17,789.

Check if Line 9 includes any amount from Schedule 1299-C ☐

10 Add Lines 5 through 9. This is the total of your subtractions 10 18,425.

11 Subtract Line 10 from Line 4. This is your Illinois **base income** 11 48,976.

Step 4: Exemptions

See instructions before completing Line 12.

12a Number of exemptions from your federal return 2 x \$2,000 a 4,000.

b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to enter here x \$2,000 b

c Check if 65 or older: ☐ You + ☐ Spouse = x \$1,000 c

d Check if legally blind: ☐ You + ☐ Spouse = x \$1,000 d

Add Lines a through d. This is your total Illinois exemption allowance 12 4,000.

Step 5: Net Income

13 **Residents only:** Subtract Line 12 from Line 11. This is your net income. Skip Line 14 13 44,976.

14 **Nonresidents and part-year residents only:**

Check the box that applies to you during 2007 ☐ Nonresident ☐ Part-year resident, and enter the Illinois base income from Schedule NR. **Attach** Schedule NR 14

Step 6: Tax

15 **Residents:** Multiply Line 13 by 3% (.03). Enter the result here. This is your **tax**. **Nonresidents and part-year residents:** Enter the tax from Schedule NR. This amount may not be less than zero 15 1,349.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492.0065

STAPLE AND 1099 FORMS HERE

STAPLE YOUR CHECKS

16 Tax amount from Page 1, Step 6, Line 15 16 1,349.

Step 7: Payments and Credits

Nonresidents may not claim a credit on Lines 19, 20, or 21.

The total of Lines 19, 20b, and 21b may not exceed the tax amount on Line 16.

17 Illinois Income Tax withheld. Attach W-2 and 1099 forms 17 1,953.
18 Estimated payments from Forms IL-505-I and IL-1040-ES including overpayment applied from Line 31 of your 2006 return 18 0.
19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns 19
20 Illinois Property Tax credit. Complete the PT Worksheet in instructions.
PT Worksheet Line 3 amount 20a 4,134.
PT Worksheet Line 8 amount 20b 207.
21 K-12 education expense credit. Complete ED Worksheet in instructions or Schedule ED. Attach receipt or Schedule ED.
ED Worksheet or Schedule ED
Line 1 amount 21a 587.
ED Worksheet or Schedule ED Line 10 amount 21b 84.
22 Earned Income Credit. Complete EIC Worksheet in instructions.
EIC Worksheet Line 1 amount 22a
EIC Worksheet Line 4 amount 22b
23 Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C 23
24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits 24 2,244.

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment 25 895.
26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due 26

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax 27
a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. Attach Form IL-2210
b Check if at least two-thirds of your federal gross income is from farming

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

Make 'Giving' Easy!

28 Amount you wish to donate to one or more of the following voluntary contribution funds:
Wildlife a Breast Cancer e Diabetes f
Child Abuse b Multiple Sclerosis f Autoimmune j
Alzheimer's c Military Family g Lung Cancer k
Homeless d IL Veterans' Home h
Add Lines a through k. This is your donations total 28
29 Add Line 27 and Line 28. This is your total penalty and donations 29

Step 11: Refund or Amount You Owe

Direct Deposit

See instructions for payment options.

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25 30 895.
31 Amount from Line 30 that you want applied to 2008 estimated tax 31 0.
32 Subtract Line 31 from Line 30. This is your refund 32 895.
33 Complete to direct deposit your refund
Routing number 071025661 X Checking or Savings
Account number 2233444019
34 If you have tax due on Line 26, add Lines 26 and 29. or if you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe 34

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Your signature Date (708) 206-2299 Daytime phone number Your spouse's signature Date
Paid preparer's signature Date (708) 692-1763 Preparer's phone number 20-3409832 Preparer's FEIN, SSN, or PTIN

If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD, IL 62719-0001

If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD, IL 62726-0001

**2007 Schedule M Other Additions and Subtractions for Individuals**
Attach to your Form IL-1040. (for Form IL-1040, Lines 3 and 9)

IL- Attachment No. 15

Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or entitled to take subtractions on Form IL-1040, Line 9.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.**Step 1: Provide the following information**

Harold L Gause

358-58-9852

Enter your name as shown on Form IL-1040.

Enter your Social Security No.

Step 2: Figure your additions for Form IL-1040, Line 3

Enter the amount of

- 1 Your child's federally tax-exempt interest and dividend income as reported on U.S. Form 8814 1
- 2 Distributive share of additions you received from a partnership, S corporation, estate, or trust. **Attach** Schedule K-1-P or Schedule K-1-T 2
- 3 Withdrawals you made from your Medical Care Savings Account, and the interest earned, if not included in your adjusted gross income 3
- 4 Lloyds plan of operations loss, if reported on your behalf on Form IL-1023-C and included in your adjusted gross income 4
- 5 Earnings distributed in 2007 from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income (Do not include distributions from 'Bright Start,' 'Bright Directions,' or 'College Illinois' programs or programs that meet certain disclosure requirements - see instructions.) 5
- 6 Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. **Attach** Form IL-4562 6
- 7 Business expense recapture (nonresidents only) 7
- 8 Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan 8
- 9 Other income - identify each item 9
- 10 Add Lines 1 through 9. Enter the amount here and on Form IL-1040, Line 3 ➔ 10

Step 3: Figure your subtractions for Form IL-1040, Line 9

Enter the amount of

- 11 Contributions made in 2007 to the following college savings plans
- a 'Bright Start' College Savings Pool 11a
- b 'College Illinois' Prepaid Tuition Program 11b
- c 'Bright Directions' College Savings Pool 11c
- 12 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Line 21 of this schedule.) **Attach** Schedule K-1-P or Schedule K-1-T 12
- 13 Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 13
- 14 Contributions to a job training project 14
- 15 Expenses related to federal credits or federally tax-exempt income 15
- 16 Interest earned on investments through the Home Ownership Made Easy Program 16
- 17 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. **Attach** Form IL-4562 17 17,789.
- 18 Add Lines 11a through 17 and enter the amount here and on Page 2, Line 19 ➔ 18 17,789.

Step 3: Continued

19	Enter the amount from Page 1, Line 18	19	17,789.
Enter the following amounts only if included in Form IL-1040, Lines 1, 2, or 3			
20	August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and required federal forms	20	
21	Enterprise or river edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 1, Line 7. Attach Schedule 1299-C	21	
22	Recovery of items previously deducted on U.S. 1040, Schedule A (including refunds from any state and local income taxes, other than Illinois). Attach a copy of U.S. 1040, Page 1, and required federal forms	22	
23	Ridesharing money and other benefits	23	
24	Payment of life insurance, endowment, or annuity benefits received	24	
25	Your employer's contributions made on your behalf to an account established under the Medical Care Savings Account Act and the interest earned	25	
26	Lloyds plan of operations income if reported on your behalf on Form IL-1023-C	26	
27	Income earned by certain trust accounts established under the Illinois Pre-Need Cemetery Sales Act	27	
28	Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act	28	
29	Reparations or other amounts received as a victim of persecution by Nazi Germany	29	
30	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.		
a	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	30 a	
b	Export Development Act of 1983 Bonds	30 b	
c	Illinois Development Finance Authority bonds, notes, and other evidence of obligation (venture fund and infrastructure bonds only)	30 c	
d	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	30 d	
e	College Savings bonds	30 e	
f	Illinois Sports Facilities Authority bonds	30 f	
g	Higher Education Student Assistance Act bonds	30 g	
h	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	30 h	
i	Rural Bond Bank Act bonds and notes	30 i	
j	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	30 j	
k	Quad Cities Interstate Metropolitan Authority bonds	30 k	
l	Southwestern Illinois Development Authority bonds	30 l	
m	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55 or the Asbestos Abatement Finance Act	30 m	
31	Interest on the following non-U.S. government bonds.		
a	Bonds issued by the government of Guam	31 a	
b	Bonds issued by the government of Puerto Rico	31 b	
c	Bonds issued by the government of the Virgin Islands	31 c	
d	Bonds issued by the government of American Samoa	31 d	
e	Bonds issued by the government of the Northern Mariana Islands	31 e	
f	Mutual mortgage insurance fund bonds	31 f	
32	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 30 or 31 as reported on U.S. Form 8814	32	
33	Railroad unemployment income	33	
34	Add Lines 19 through 33. Enter the amount here and on Form IL-1040, Line 9	34	17,789.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-4425



Illinois Department of Revenue

Schedule ED Credit for K-12 Education Expenses12/2007
Tax year ending**Complete and attach to your Form IL-1040 only if you did not receive a receipt from the school.**

IL Attachment No. 18

Read this information first.

You must complete this schedule if you did not receive a Receipt for Qualified K-12 Education Expenses from your students' school. If you received a receipt, do not use this schedule. Complete the ED Worksheet in the Form IL-1040 Instructions instead.

If you home school your child, you must attach receipts to Schedule ED and write "Home School" in Column D. See Publication 119, Education Expense Credit General Rules and Requirements for Home Schools, for specific instructions before completing Schedule ED.



You may not include expenses paid to a daycare, preschool, college, university, independent tutoring service, or trade school when figuring this credit.

After completing this schedule, you must enter on your Form IL-1040,

- **Line 21a**, the total amount of education expenses paid for your students during the calendar year, (Schedule ED, Step 2, Line 1), and
- **Line 21b**, the amount of your education expense credit (Schedule ED, Step 2, Line 10).

Step 1: Provide the following information

Harold L Gause

Enter your name as shown on Form IL-1040

358-58-9852

Enter your Social Security number

Step 2: Figure your credit

- 1 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately.

A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only)	E School city (IL cities only)	F Total tuition, book/lab fees
a Kaylin Gause	330-94-7493	5	Flossmoor Hills	Flossmoor	587.
b					
c					
d					
e					
f					
g					
h					
i					
j					

- 1 Add the amounts in Column F for Lines 1a through 1j (and the amounts from Column F of any additional pages you attached). This is the total amount of your qualified **education expenses** for this year. Enter this amount here **and** on Line 21a of your Form IL-1040 1 587.
- 2 You may not figure a credit for the first \$250 paid for your qualifying students' education expenses 2 \$250.00
- 3 Subtract Line 2 from Line 1 3 337.
- 4 Multiply the amount on Line 3 by 25% (.25) 4 84.
- 5 Enter the amount of your tax from Form IL-1040, Line 15 5 1,349.
- 6 Enter the amount of credit for tax paid to other states from Form IL-1040, Line 19 6 _____
- 7 Enter the amount of property tax credit from Form IL-1040, Line 20b 7 207.
- 8 Add Lines 6 and 7 8 207.
- 9 Subtract Line 8 from Line 5 9 1,142.
- 10 Your credit is limited to \$500. Compare the amount on Line 4, the amount on Line 9, and \$500. The lesser amount is your **education expense credit**. Enter the lesser amount here **and** on Line 21b of your Form IL-1040 10 84.

➡ **Attach to your Form IL-1040 when claiming an education expense credit.** ←

**Step 1: Provide the following information**

Harold L Gause

Enter your name as shown on your return

358-58-9852

Enter your Social Security number (SSN) or
federal employer identification number (FEIN)**Special Note → You must read the instructions before completing Form IL-4562****Step 2: Figure your Illinois special depreciation addition**

- 1 Enter the total amount claimed as a special depreciation allowance on federal Form 4562, Depreciation and Amortization, Line 14 or Line 25, for property acquired after September 10, 2001. 1
- 2 **Individuals only:** Enter the total amount claimed as a special depreciation allowance from federal Form 2106, Employee Business Expenses. 2
- 3 **Last year of regular depreciation:** Enter the total amount of all Illinois depreciation subtractions claimed on prior year IL-4562 forms, Step 3, Line 8, for this property. 3
- 4 Add Lines 1 through 3. This is your Illinois special depreciation addition. Enter the total here and see instructions for the list of Illinois form and line references to report this addition. 4

Step 3: Figure your Illinois depreciation subtraction

- 5a Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, **only** for property for which you reported an addition modification for this tax year or any prior tax year on Form IL-4562, Step 2, Line 1, for bonus depreciation **equal to 30 percent** of your basis in the property. 5a
- b **Individuals only:** If you completed a federal Form 2106 for this tax year, subtract Line 31 from Line 38 and enter the portion of depreciation allowance claimed (but not less than zero), **only** for property for which you reported an addition modification for this tax year or any prior tax year on Form IL-4562, Step 2, Line 2, for bonus depreciation **equal to 30 percent** of your basis in the property. 5b
- c Add Lines 5a and 5b. 5c
- 6 Multiply Line 5c by 42.9% (0.429). 6
- 7a Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, **only** for property for which you reported an addition modification for this tax year or any prior tax year on Form IL-4562, Step 2, Line 1, for bonus depreciation **equal to 50 percent** of your basis in the property. 7a
- b **Individuals only:** If you completed a federal Form 2106 for this tax year, subtract Line 31 from Line 38 and enter the portion of depreciation allowance claimed (but not less than zero), **only** for property for which you reported an addition modification for this tax year or any prior tax year on Form IL-4562, Step 2, Line 2, for bonus depreciation **equal to 50 percent** of your basis in the property. 7b 17,789.
- c Add lines 7a and 7b. 7c 17,789.
- d For tax years ending on or before December 31, 2005, multiply Line 7c by 42.9% (0.429). For tax years ending after December 31, 2005, enter the amount from Line 7c. 7d 17,789.
- 8 Add Lines 6 and 7d. 8 17,789.
- 9 **Last year of regular depreciation:** Enter the Illinois special depreciation addition reported on any prior year Form IL-4562, Step 2, Line 1 plus Line 2, for that asset. 9
- 10 Add Lines 8 and 9. This is your Illinois depreciation subtraction for this year. Enter the total here and see instructions for the list of Illinois form and line references to report this subtraction. 10 17,789.

→ Attach this form to your Illinois return. ←

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center.

IL-492-4328



Illinois Department of Revenue

Document 0 - Page 54 of 63

Declaration Control Number (DCN)

IL-8453 Illinois 2007 Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Print or type Harold L Gause 358-58-9852
 First name and middle initial Spouse's first name (and last name if different) Last name Social Security number

18639 Golfview Dr
 Mailing address

Hazel Crest IL 60429 (708) 206-2299
 City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 13, or Schedule NR, Step 5, Line 55	1	<u>44,976.00</u>
2 Tax from Form IL-1040, Line 15	2	<u>1,349.00</u>
3 Illinois Income Tax withheld from Form IL-1040, Line 17 only (enter '0' if none)	3	<u>1,953.00</u>
4 Overpayment from Form IL-1040, Line 30	4	<u>895.00</u>
5 Total amount due from Form IL-1040, Line 34	5	<u>00</u>

6 Filing status: ☒ Single/head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)**Note:** To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission.

7 Routing number (RN) 071025661
 8 Account number (AN) 2233444019
 9 Type of account: ☒ Checking ☐ Savings
 10 Date the payment is to be electronically withdrawn: _____
 11 Electronic funds withdrawal amount: 00
 12 Name on account: _____

Step 4: Taxpayer declaration and signature (Sign only after Step 2 and Step 3 (if applicable) is completed.)

☒ I consent that my refund may be directly deposited as designated in Step 3 and declare the information on lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

☐ I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2007 Illinois income tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic IL-1040 return and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here

Your signature _____ Date _____ Spouse's signature (if joint return, **both** must sign) _____ Date _____

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic IL-1040 return, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature SURE FOUNDATION SERVICES Date 2/14/2008 Preparer: ☒ (See instructions.)

ERO's Social Security number (SSN) 000-00-6459

ERO's Mailing address PO BOX 2000 State IL ZIP 60409-1001 Phone number 708-340-1234

City CALUMET CITY State IL ZIP 60409-1001 Phone number _____

Step 6: Attach required documents (e.g., Forms W-2, W-2G, 1099-G, 1099-R, IL-1310, out-of-state returns, etc)

Form IL-8453 (R-11/07) ID: 3011

ILA2601 12/20/07



MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0
IL: 0

Social Security Number: XXX-XX-9852

Earnings	rate	hours	this period	year to date
Regular	30.3500	40.00	1,214.00	
Overtime	45.5250	3.25	147.96	3,174.18
Birthday				273.15
Bonus				1,225.00
Holiday				797.85
Personal Day				273.15
Gross Pay			\$1,361.96	34,140.24

Deductions	Statutory	
Federal Income Tax	-240.11	6,050.13
Social Security Tax	-81.01	2,034.45
Medicare Tax	-18.95	475.80
IL State Income Tax	-38.45	965.65
Other		
Aflac Pre-Tax	-20.07*	481.68
Checking	-691.33	
Insurance	-35.20*	844.80
Ltd	-7.89	186.26
Savings	-25.00	
Savings	-25.00	
Stock	-30.00	720.00
401K	-25.00*	625.00
401K Loan	-123.95	2,974.80
Net Pay	\$0.00	

* Excluded from federal taxable wages

HAROLD GAUSE
18639 GOLFVIEW
HAZELCREST, IL 60429

Your federal taxable wages this period are
\$1,281.69

Other Benefits and Information	this period	total to date
Loan To Date		7,560.95

DATE	IN	OUT	IN	OUT	TOTAL
Mon 06/09	7:13am	5:54pm			10.25
Tue 06/10	7:17am	5:53pm			10.25
Wed 06/11	7:27am	5:29pm			9.50
Thu 06/12	7:29am	5:25pm			9.50
Fri 06/13	7:28am	11:17am			3.75
Sat 06/14	NO PUNCHES				
Sun 06/15	NO PUNCHES				

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MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155

Advice number: 00000250239
Pay date: 06/20/2008

Deposited to the account of
HAROLD GAUSE

account number transit ABA amount
\$25.00
\$691.33
\$25.00

THIS IS NOT A CHECK

NON-NEGOTIABLE



Case 08-24993 Doc 1
MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155



Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0
IL: 0

HAROLD GAUSE
18639 GOLFVIEW
HAZELCREST, IL 60429

Social Security Number: XXX-XX-9852

Earnings	rate	hours	this period	year to date
Regular	30.3500	33.00	1,001.55	
Personal Day	30.3500	9.00	273.15	273.15
Overtime				2,627.87
Birthday				273.15
Bonus				1,225.00
Holiday				524.70
Gross Pay			\$1,274.70	20,737.93

Your federal taxable wages this period are
\$1,194.43

Other Benefits and Information	this period	total to date
Loan To Date		7,065.15

Deductions	Statutory		
Federal Income Tax	-218.30	5,101.06	
Social Security Tax	-75.61	1,713.22	
Medicare Tax	-17.68	400.67	
IL State Income Tax	-35.83	813.21	
Other			
Aflac Pre-Tax	-20.07*	401.40	
Checking	-635.17		
Insurance	-35.20*	704.00	
Ltd	-7.89	154.70	
Savings	-25.00		
Savings	-25.00		
Stock	-30.00	600.00	
401K	-25.00*	525.00	
401K Loan	-123.95	2,479.00	
Net Pay			\$0.00

Time Card Detail	DATE	IN	OUT	IN	OUT	TOTAL
Mon	05/12	7:33am	6:11pm			10.25
Tue	05/13	7:34am	4:15pm			8.25
Wed	05/14	NO PUNCHES				
Thu	05/15	7:34am	5:56pm			10.00
Fri	05/16	7:31am	11:54am			4.50
Sat	05/17	NO PUNCHES				
Sun	05/18	NO PUNCHES				

* Excluded from federal taxable wages

VERIFY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155

Advice number: 00000210233
Pay date: 05/23/2008

Deposited to the account of
HAROLD GAUSE

account number transit ABA amount
\$25.00
\$635.17
\$25.00

THIS IS NOT A CHECK

NON-NEGOTIABLE



MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0
IL: 0

HAROLD GAUSE
18639 GOLFVIEW
HAZELCREST, IL 60429

Social Security Number: XXX-XX-9852

Earnings	rate	hours	this period	year to date
Regular	30.3500	40.00	1,214.00	
Overtime	45.5250	3.00	136.58	3,026.22
Birthday				273.15
Bonus				1,225.00
Holiday				797.85
Personal Day				273.15
Gross Pay			\$1,350.58	32,778.28

Your federal taxable wages this period are
\$1,270.31

Other Benefits and

Information	this period	total to date
Loan To Date		7,437.00

Deductions	Statutory	
Federal Income Tax	-237.27	5,810.02
Social Security Tax	-80.31	1,953.44
Medicare Tax	-18.78	456.85
IL State Income Tax	-38.11	927.20
Other		
Aflac Pre-Tax	-20.07*	461.61
Checking	-684.00	
Insurance	-35.20*	809.60
Ltd	-7.89	178.37
Savings	-25.00	
Savings	-25.00	
Stock	-30.00	690.00
401K	-25.00*	600.00
401K Loan	-123.95	2,850.85
Net Pay	\$0.00	

DATE	IN	OUT	IN	OUT	TOTAL
Mon 06/02	7:19am	5:24pm			9.75
Tue 06/03	7:17am	5:24pm			9.75
Wed 06/04	7:27am	5:38pm			9.75
Thu 06/05	7:41am	5:39pm			9.50
Fri 06/06	7:19am	11:25am			4.25
Sat 06/07	NO PUNCHES				
Sun 06/08	NO PUNCHES				

* Excluded from federal taxable wages

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VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM



MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155

Advice number: 00000240250
Pay date: 06/13/2008

Deposited to the account of
HAROLD GAUSE

account number: [REDACTED] transit ABA amount
\$25.00
\$684.00
\$25.00

NON-NEGOTIABLE



3DL 000081 530 0000220232

Case 08-24993 Doc 1
MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155

Earnings Statement
Period Ending: 05/23/2008
Pay Date: 05/30/2008
Page 58 of 63



Desc Main

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0
IL: 0

HAROLD GAUSE
18639 GOLFVIEW
HAZELCREST, IL 60429

Social Security Number: XXX-XX-9852

Earnings	rate	hours	this period	year to date
Regular	30.3500	40.00	1,214.00	
Overtime	45.5250	3.00	136.58	2,764.45
Birthday				273.15
Bonus				1,225.00
Holiday				524.70
Personal Day				273.15
Gross Pay			\$1,350.58	30,088.51

Your federal taxable wages this period are
\$1,270.31

Other Benefits and Information

	this period	total to date
Loan To Date		7,189.10

Deductions**Statutory**

Federal Income Tax	-237.27	5,338.33
Social Security Tax	-80.31	1,793.53
Medicare Tax	-18.78	419.45
IL State Income Tax	-38.11	851.32

Other

Aflac Pre-Tax	-20.07*	421.47
Checking	-684.00	
Insurance	-35.20*	739.20
Ltd	-7.89	162.59
Savings	-25.00	
Savings	-25.00	
Stock	-30.00	630.00
401K	-25.00*	550.00
401K Loan	-123.95	2,602.95

Net Pay **\$0.00**

Time Card Detail

DATE	IN	OUT	IN	OUT	TOTAL
Mon 05/19	7:29am	6:01pm			10.00
Tue 05/20	7:34am	5:40pm			9.75
Wed 05/21	7:36am	5:38pm			9.75
Thu 05/22	7:37am	5:41pm			9.75
Fri 05/23	7:27am	11:11am			3.75
Sat 05/24	NO PUNCHES				
Sun 05/25	NO PUNCHES				

* Excluded from federal taxable wages

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MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155

Advice number: 00000220232
Pay date: 05/30/2008

Deposited to the account of
HAROLD GAUSE

account number. transit ABA amount
\$25.00
\$684.00
\$25.00

THIS IS NOT A CHECK

NON-NEGOTIABLE



MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155

Period Ending: 06/08/2008
Pay Date: 06/13/2008

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0
IL: 0

HAROLD GAUSE
18639 GOLFVIEW
HAZELCREST, IL 60429

Social Security Number: XXX-XX-9852

Earnings	rate	hours	this period	year to date
Regular	30.3500	40.00	1,214.00	
Overtime	45.5250	3.00	136.58	3,026.22
Birthday				273.15
Bonus				1,225.00
Holiday				797.85
Personal Day				273.15
Gross Pay			\$1,350.58	32,778.28

Your federal taxable wages this period are
\$1,270.31

Other Benefits and

Information	this period	total to date
Loan To Date		7,437.00

Time Card Detail

DATE	IN	OUT	IN	OUT	TOTAL
Mon 06/02	7:19am	5:24pm			9.75
Tue 06/03	7:17am	5:24pm			9.75
Wed 06/04	7:27am	5:38pm			9.75
Thu 06/05	7:41am	5:39pm			9.50
Fri 06/06	7:19am	11:25am			4.25
Sat 06/07	NO PUNCHES				
Sun 06/08	NO PUNCHES				

Deductions	Statutory	
Federal Income Tax	-237.27	5,810.02
Social Security Tax	-80.31	1,953.44
Medicare Tax	-18.78	456.85
IL State Income Tax	-38.11	927.20
Other		
Aflac Pre-Tax	-20.07*	461.61
Checking	-684.00	
Insurance	-35.20*	809.60
Ltd	-7.89	178.37
Savings	-25.00	
Savings	-25.00	
Stock	-30.00	690.00
401K	-25.00*	600.00
401K Loan	-123.95	2,850.85
Net Pay	\$0.00	

* Excluded from federal taxable wages

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MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155

Advice number: 00000240250
Pay date: 06/13/2008

Deposited to the account of
HAROLD GAUSE

account number	transit ABA	amount
		\$25.00
		\$684.00
		\$25.00

NON-NEGOTIABLE



CO. FILE DEPT CLOCK VCHR. NO. 060
301 000081 340 000000139
Case 08-24993 Doc 1 Filed 09/19/08 Entered 09/19/08 17:31:16 Desc Main Document Page 60 of 63

Earnings Statement

Period Ending: 06/15/2008
Pay Date: 06/20/2008



Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0
IL: 0

HAROLD GAUSE
18639 GOLFVIEW
HAZELCREST, IL 60429

Social Security Number: XXX-XX-9852

Earnings	rate	hours	this period	year to date
Regular	30.3500	40.00	1,214.00	3,174.18
Overtime	45.5250	3.25	147.96	273.15
Birthday				1,225.00
Bonus				797.85
Holiday				273.15
Personal Day				34,140.24
Gross Pay			\$1,361.96	

Your federal taxable wages this period are
\$1,281.69

Other Benefits and Information

this period	total to date
Loan To Date	7,560.95

Time Card Detail

DATE	IN	OUT	IN	OUT	TOTAL
Mon 06/09	7:13am	5:54pm			10.25
Tue 06/10	7:17am	5:53pm			10.25
Wed 06/11	7:27am	5:29pm			9.50
Thu 06/12	7:29am	5:25pm			9.50
Fri 06/13	7:28am	11:17am			3.75
Sat 06/14	NO PUNCHES				
Sun 06/15	NO PUNCHES				

Deductions	Statutory	Other
Federal Income Tax	-240.11	
Social Security Tax	-81.01	
Medicare Tax	-18.95	
IL State Income Tax	-38.45	
Aflac Pre-Tax	-20.07*	
Checking	-691.33	
Insurance	-35.20*	
Ltd	-7.89	
Savings	-25.00	
Savings	-25.00	
Stock	-30.00	
401K	-25.00*	
401K Loan	-123.95	
Net Pay	\$0.00	

* Excluded from federal taxable wages



MULLINS FOOD PRODUCTS
2200 S. 25TH AVENUE
BROADVIEW, ILLINOIS 60155

Advice number: 00000250239
Pay date: 06/20/2008

Deposited to the account of
HAROLD GAUSE

account number transit ABA amount
\$25.00
\$691.33
\$25.00

NON-NEGOTIABLE

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THE ORIGINAL DOCUMENT HAS AN ARTIFICIAL WATERMARK

Certificate Number: 03788-ILN-CC-004412878

CERTIFICATE OF COUNSELING

I CERTIFY that on July 10, 2008, at 7:34 o'clock PM EDT,

Harold Gause received from

Alliance Credit Counseling, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 10, 2008

By /s/Erica Almond

Name Erica Almond

Title Accredited Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 03788-ILN-CC-004412902

CERTIFICATE OF COUNSELING

I CERTIFY that on July 10, 2008, at 7:34 o'clock PM EDT,

Martina Gause received from

Alliance Credit Counseling, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 10, 2008

By /s/Erica Almond

Name Erica Almond

Title Accredited Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. _____

Gause, Harold L. & Gause, Martina L.Chapter 7

Debtor(s)

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative

To Be Used When Filing over the Internet**PART I - DECLARATION OF PETITIONER**Date: July 14, 2008

A. To be completed in all cases.

I (We) Harold L. Gause and Martina L. Gause, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I (we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I (we) consent to my (our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I (we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I (we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☒ I (we) am (are) aware that I (we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I (we) understand the relief available under each such chapter; I (we) choose to proceed under chapter 7; and I (we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: _____

(Debtor or Corporate Officer, Partner or Member)

Signature: _____

(Joint Debtor)